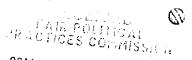
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE



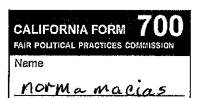
Please type or print in ink.	2011 APR -1,_ PM 3, 3, 3, 5
NAME OF FILER (LAST)	(FIRST) 2011 APR -1, PA MIDDLE
MACIAS	NORMA
1. Office, Agency, or Court	
Agency Name	
CITY OF EL MONTE	
Division, Board, Department, District, if applicable	Your Position
EL MONTE CITY COUNCIL	COUNCILWOMAN
▶ If filing for multiple positions, list below or on an attachment.	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge (Statewide Jurisdiction)
Multi-County	County of LOS ANGELES
☑ City of EL MONTE	Other
3. Type of Statement (Check at least one box)	<u> </u>
Annual: The period covered is January 1, 2010, through December 3 2010.	B1, Leaving Office: Date Left//
The period covered is, through December 3° 2010.	1, O The period covered is January 1, 2010, through the date of leaving office.
Assuming Office: Date/	The period covered is/, through the date of leaving office.
Candidate: Election Year Office sought, if di	ifferent than Part 1:
4. Schedule Summary	
	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	•
☐ None - No reportable inter	rests on any schedule
r Marification	
I certify under penalty of perjury under the laws of the State of Califor	mia that
3/25/11	
Date Signed	Signature

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
norma	Ma	cias

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LOS Angeles Community College ADDRESS (Bobiness Address Acceptable)	Mortica Garcia for Assembly ADDRESS (Business Address Acceptable)
770 Wilshire Bld. Los Angeles (A	728 W. Edna Place Covina CH 9172:
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Services Instructor	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Political Consultant
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	□ \$500 - \$1,000 □ \$1,001 - \$10,000
¥\$10,001 - \$100,000	S10,001 - \$100,000 . OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's Income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Property, car, boat, ctc.)	Sale of
	
Commission or Rental Income, its each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
	I !
 2. Loans received or outstanding during the reporting per 	
of a retail installment or credit card transaction, made	I lending institutions, or any indebtedness created as part e in the lender's regular course of business on terms your official status. Personal loans and loans received
not in a lender's regular course of business must be	
	INTEREST RATE TERM (Months/Years)
NAME OF LENDER*	INTERNED TOTAL TEMM (MONITORIS)
ADDRESS (Business Address Acceptable)	%
,,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
S10,001 - \$100,000	Guaranior
OVER \$100,000	[] Other
	(Describe)
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor Other (Describe)
Comments:	

SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF SOURCE
ACE Alameda Corridor	Naleo 1122 West Washington, LACA
ADDRESS (Business Address Acceptable)	1 ADDDESS (Business Address Accordable)
4900 River grade Road Stalz, Invinte	Training for newly Elected Officials BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political lobbying for Support DC. DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,15,10 : 200.00 Airfaire	11,20,10 : 20000 Allfare
3,15,10 , 200.00 Hotel Accommodation	11,20,10; 2000.00 Hotel Accomodations
	3
► NAME OF SOURCE	NAME OF SOURCE
Valley Vista Services	Mark Shurgin, Festival Capri ADDRESS (Business Address
ADDRESS (Business Address Acceptable)	
17445 E. Railroad St. Industry, 9124 BUSINESS ACTIVITY, IF ANY, OF SOURCE	9841 Airport Blvd, St. 700 Los Angeles BUSINESS ACTIVITY, IF ANY, OF SQURCE
Hosted Dinner for Contract Cities	Hosted Dinner for ICSC
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
65, 18, 10 , 39.00 Dinner	5, 10 : 50.00 Dinner
06,18,10 , 20.00 Pen	
\$	\$
NAME OF SOURCE	NAME OF SOURCE
Kinaga Olivarez	Leon Garcia
	ADDRESS (Business Address Acceptable)
W24 N. Lake AVE, Pasadena CAGIB, BUSINESS ACTIVITY, IF ANY, OF SOURCE	1507 Latchford Ave, Hacierda Heights BUSINESS ACTIVITY, IF, ANY, OF SOURCE BUSINESS ACTIVITY, IF, ANY, OF SOURCE
Hosted Dinner for Contract Cities	Consottant
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5,19,10 ,50.00 Dinner	12,31,10 : 100.00 Dinner
3000 1446	
8,9,10,30.00 Lunch	3,8,10,2500 Tunch
10,5,10; 50.00 Pinner	3,5,10; 25.00 lunch
Comments:	
Committee	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
norma macias

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE .	► NAME OF SOURCE
ACE Alameda Corritor	NALED
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4900 Rivergrade Road, Irwindale	CITY AND STATE A
Political lobby in for Project Support in R BUSINESS ACTIVITY, IF ANY OF SOURCE 501 (C)(3)	ADDRESS (Business Acceptable) 1/22 West Washington, Los Angels CA 90015 CITY AND STATE Training to Newly Elected Officials BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 3 / 12/ 10 - 3 / 16/ 10 AMT: \$ 400.00	DATE(S): 11 15 10 - 11 21 10 AMT: \$ 400. 67
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: AIR Fate of Hotel	DESCRIPTION: Airfare & Hotel
▶ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$(if applicable)	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	
COMMITTEE S.	